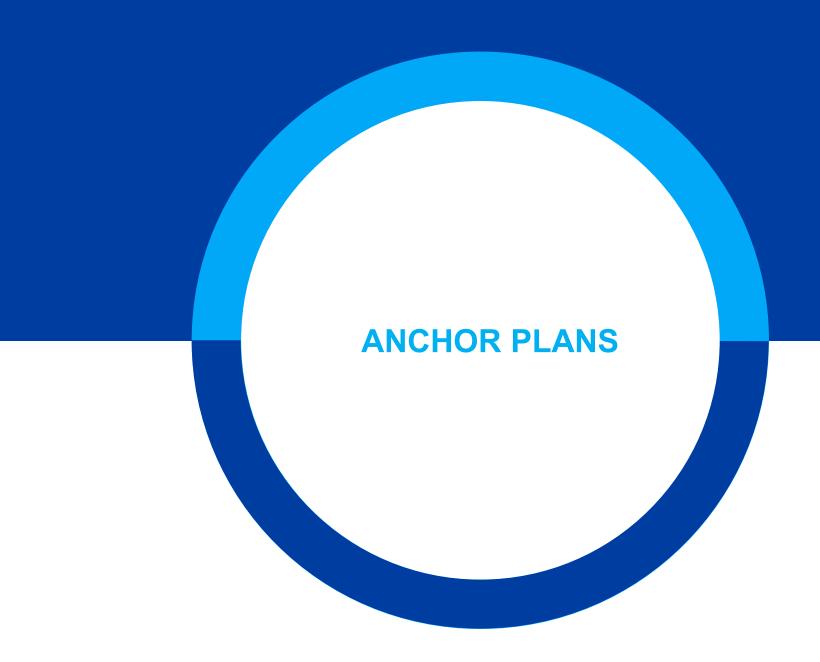


Get to know your benefits.



Knowing your benefits helps you make more informed choices.







Your State of RI 2019 Medical/Rx Plan Choices

- 1 Anchor Plan
- 2 Anchor Plus Plan
- 3 Anchor Choice with HSA Plan



State of Rhode Island Anchor Plan with Navigate Plus® Network



In-Network Only	Anchor	Anchor Plus	Anchor Choice
COPAYS			
PCP	\$15 Copay	\$15 Copay	10% Coinsurance after deductible
Specialist with referral	\$25 Copay	\$25 Copay	10% Coinsurance after deductible
Specialist without referral	\$50 Copay	\$50 Copay	30% Coinsurance after deductible
Prescriptions (CVS)*	\$10 / \$35 / \$60 / \$100 Copay	\$10 / \$35 / \$60 / \$100 Copay	\$10 / \$35 / \$60 / \$100 Copay after deductible**
DEDUCTIBLE			
Self	\$1,000	\$500	\$1,500
Family	\$2,000	\$1,000	\$3,000
COINSURANCE	10%	10%	10%
OUT-OF-POCKET MAX			
(includes prescriptions)			
Self	\$2,000	\$1,000	\$3,000
Family	\$4,000	\$2,000	\$6,000

Preventive care is covered 100 percent in-network.

^{* 4} tiers: generic, preferred brand, non-preferred brand, specialty. Only 30-day supply copays are displayed.

^{**} Copays apply before deductible for drugs on preventive therapy drug list.

Key Health Insurance Terms



- Co-pay A fixed amount you pay for a covered health care service. For example, doctor visits, urgent care center visits, and prescription drugs all feature fixed copays.
- Deductible The amount you owe for covered health care services (non-copay) before the plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've paid \$1000 in covered health care expenses (non-copay). There are different network and non-network deductibles and network/non-network expenses do not cross-apply to the separate deductibles.





- Coinsurance Your share of the costs of a covered health care service (non-copay), calculated as a percent (10% network, 30% non-network for all Anchor plans) of the service's cost. You don't pay coinsurance until after you've met your deductible. You continue to pay coinsurance for covered health care services (non-copay) until you've met your OOPM.
- Out-of-pocket maximum (OOPM) Your maximum out-of-pocket exposure for a calendar year. Copays, deductible expenses and coinsurance all accumulate to your OOPM. After you hit your OOPM the plan pays 100% of your expenses, and you are no longer responsible for any copays (including prescription drugs). There are different network and non-network OOPMs and network/non-network expenses do not crossapply to the separate OOPMs.

What's the Same?



- All three plans cover the same medical services.
- All three plans use the same UHC network.
- All three plans require you to pay 10% of the cost (your coinsurance) for non-copay medical expenses when you visit a network provider, after you've met your deductible.
- All three plans have a combined medical and prescription out of pocket maximum (OOPM).
- All three plans are called "Navigate Plans"—they require you to pick a Primary Care Physician (PCP) to coordinate your care.
- All three plans will only cover services that are medically necessary.
- All three plans feature place of service tiering for imaging.

What's Different?



talk to

alex®

- The biggest difference in the three plans is when you pay for coverage
 - Do you pay more in premiums from your paycheck, or (potentially) more when you seek medical services?
 - Anchor Choice with HSA is the only way to get an HSA and get the State's HSA contributions.
 - When choosing your plan, consider factors like your medical needs for the coming year (having a baby or an elective surgery?), your family situation, and your age. Be sure to talk to ALEX!



1. Primary care physician (PCP) coordination of care

- 2. Place of service tiering for imaging
- 3. Medical necessity



Choosing Your PCP



Choose your Primary Care Physician (PCP) from the Navigate Plus® Network

Your PCP:

- ✓ Must be a general practice, family practice, pediatrician or internal medicine physician
- ✓ Must be an individual physician name, not a practice
- ✓ Cannot be an obstetrician/gynecologist (OB/GYN)
- ✓ Must be located in RI, MA, CT, NH, or ME
- ✓ Can be selected for the entire family or each covered dependent can select their own

When you enroll, have this information ready.

- ✓ First name, last name and address
- √ 14-digit physician ID number (you will find this number when you do a PCP search online)

How can a PCP help you?

Your PCP will get to know you and your health history.

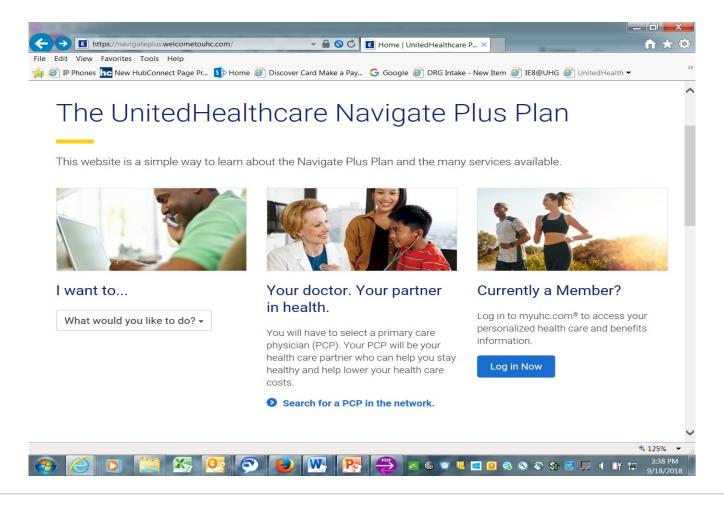
They can help you prevent and catch health issues before they become more serious.

If you need special care, they can refer you to the right specialist.

How to Find A PCP



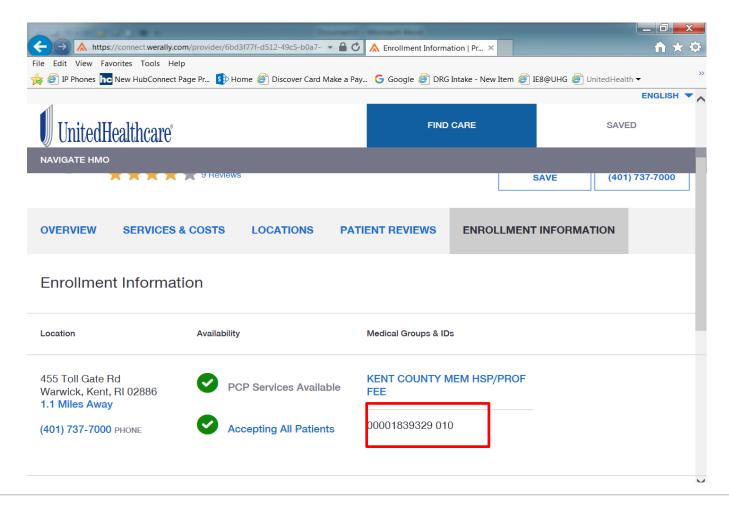
Find your PCP at welcometouhc.com/navigateplus



How to Find A PCP



Be sure to record your PCP's 14-digit physician identification (ID) number



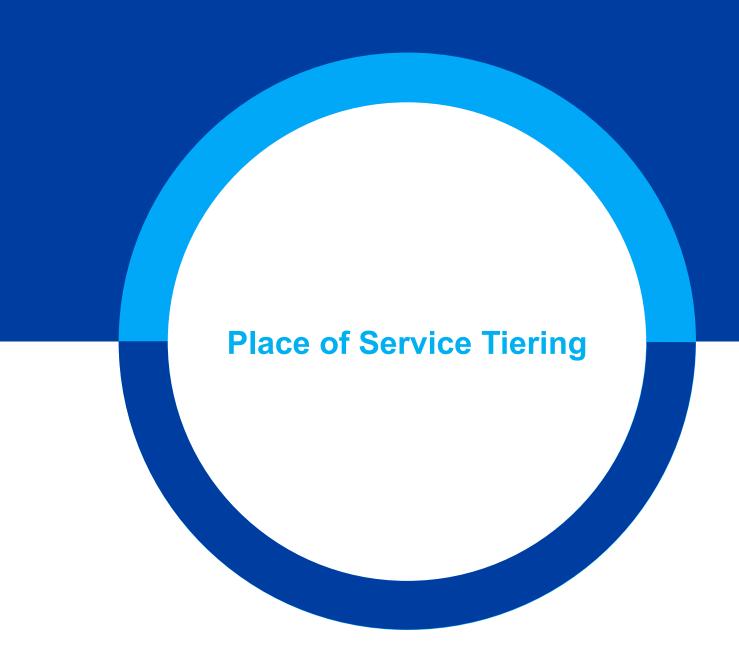
Getting Referrals



- A referral is an approval from your PCP, which is needed before you receive care from another Navigate Plus network physician or health care professional.
- Your PCP enters your referral electronically. You will be able to view and confirm your referral on myuhc.com.
- Any visits to physicians other than your designated PCP without an electronic referral will cost you more money out of pocket (higher copay under Anchor/Anchor Plus, higher coinsurance after deductible under Anchor Choice).

Referrals will **not** be needed to see the following providers as long as they are in network:

- ✓ Obstetricians/gynecologists (OB/GYNs)
- **✓** Behavioral health or substance use disorder clinicians
- ✓ Convenience care clinics
- ✓ Urgent care clinics
- **✓** Emergency care at an emergency room
- ✓ Virtual Visits



Place of Service Tiering



Applicable Services	In-Network Hospital or Hospital/Physician Owned/Affiliated Facility	In-Network Freestanding Facility
CT scans, PET scans, MRIs, MRAs, nuclear medicine, and major diagnostic services received on an outpatient basis at a hospital or alternate facility	10% coinsurance after deductible has been met (up to the out of pocket maximum)	Covered in full after the deductible has been met

Place of Service Tiering



Save money on major diagnostic services by looking for a **freestanding facility**

MRI scan at a hospital or hospital/physician owned/affiliated facility

MRI scan at a freestanding facility



\$627

\$402

Look for this

Freestanding
Facilities symbol
when doing a search
using the UHC cost
estimator.



Medical Necessity – How does it work?



Identify > Inquire > Verify > Inform > Claim

Prior authorization with Medical Necessity



You visit a physician for care.

Physician recommends a test, procedure or service that falls within UnitedHealthcare's prior authorization "you must call" requirements.



Physician contacts UnitedHealthcare to inform of the proposed service.

You are responsible for contacting UnitedHealthcare if you choose out-of-network providers.



UnitedHealthcare reviews the request to verify the service is medically necessary and performed at the appropriate place of service. A determination is rendered.



Physician and member review determination letter and chart out course of care.



Claim is submitted for service rendered.

Medical Necessity



Core provider prior authorization list.

Network providers are required to request prior authorization.

Core prior authorization list

A-B:

- Arthroplasty (shoulder, elbow, hip, knee).
- · Bariatric surgery.
- Behavioral Health Services such as intensive outpatient, outpatient ECT, and psychologist testing
- · Bone growth stimulator.
- · Breast reconstruction, non-mastectomy.
- BRCA genetic testing program.

C-D:

- Cartilage implants.
- Clinical trials.
- Cochlear implants and other auditory implants.
- Cosmetic and reconstructive procedures.
- Durable Medical Equipment (DME) greater than \$1,000.

G-M:

- · Gender Dysphoria.
- · Home health care private-duty nursing.
- Injectable medications (Selected).
- Intensity Modulated Radiation Therapy (IMRT).
- MR-guided Focused Ultrasound (MRGFUS) to treat uterine fibroid.

N-O:

- Non-emergency transport Air.
- · Orthognathic surgery.
- Orthotics greater than \$1,000.

P-R-S:

- · Potentially unproven services.
- Prosthetics greater than \$1,000.
- Proton beam therapy.
- Rhinoplasty.
- · Sleep apnea procedures and surgeries.
- · Sleep studies, facility based.
- · Spinal stimulator for pain management.
- Spine surgeries.

T-V:

- Transplant of tissue or organs.
- Vagus nerve stimulation.
- Vein procedures.
- · Ventricular assist devices.

Medical Necessity



Member core prior authorization requirements.

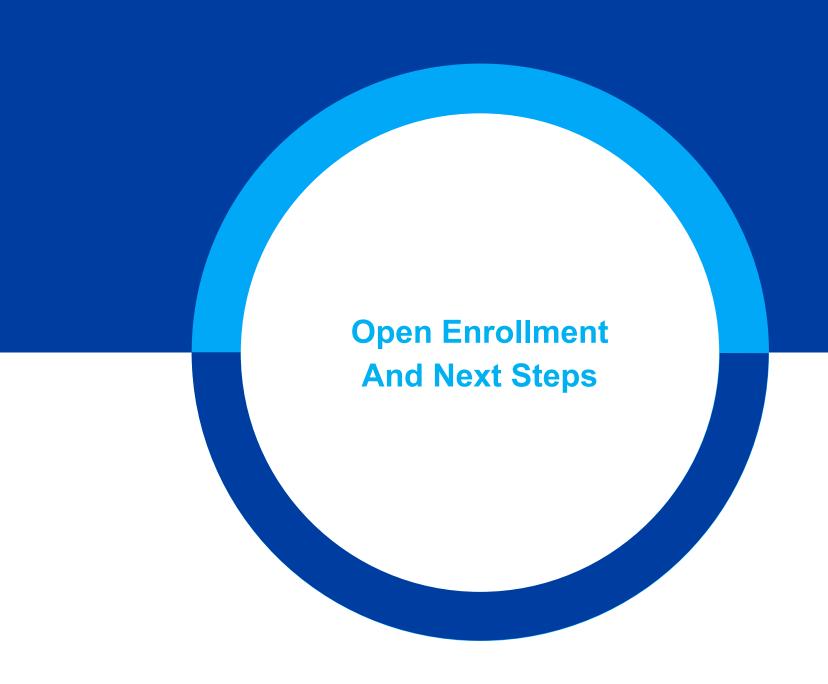
You are responsible for contacting UnitedHealthcare when you choose out-of-network (OON) services.

Member core prior authorization requirements for OON services

- Ambulance (non-emergent air).¹
- Clinical trials.¹
- Congenital heart disease.
- Diabetes Treatment: Insulin pump >\$1,000.
- Durable Medical Equipment >\$1,000.
- Gender Dysphoria.
- Genetic testing BRCA.
- Home health care private-duty nursing.
- Hospice inpatient.
- Hospital inpatient.
- Maternity Services if exceeds mandated length of stay.
- Mental health care and substance-related and addictive disorders services such as intensive outpatient, outpatient ECT, and psychologist testing

- Obesity surgery.
- · Orthognathic surgery.
- Prosthetic Devices >\$1,000.
- · Reconstructive procedures.
- SNF/inpatient rehab.
- Sleep apnea procedures and surgery.
- Sleep studies: lab, x-ray & diagnostics.
- Therapeutics (outpatient) dialysis, IV infusion, radiation oncology, intensity modulated radiation therapy, MRguided focused ultrasound.
- Transplantation services.¹

Applies to network and out-of-network services.



Important Reminders About Open Enrollment



- This year Open Enrollment will run from October 22-November 30th, 2018
- Enrollment for medical, dental and vision coverage will be done online, via the State of Rhode Island's NEW enrollment system, OnlinEnroll
- You will select you and your family's PCP(s) online when enrolling in your 2019 benefits.

OnlinEnroll: The State of Rhode Island's enrollment system



- ➤ OnlinEnroll: the State of Rhode Island's new online enrollment system.
- ➤ OnlinEnroll will allow you to enroll in your 2019 medical, dental, and vision benefits directly from any computer with internet access.
- ➤ You can also review and/or update your demographic and dependent information.

OnlinEnroll: What You Need To Know BEFORE You Log In



- ➤ Research your 2019 benefit options:
 - Read the 2019 Benefits Guide
 - ➤ Visit <u>www.employeebenefits.ri.gov</u>
- ➤ Talk to ALEX!
- ➤ Attend an Open Enrollment fair and a UHC medical presentation (done! ②)
- Know you and your family's PCP(s) and their 14-digit ID number(s)
 - You may also have your PCP(s) auto-assigned
- ➤ If adding dependents, have supporting documentation scanned and ready for upload

OnlinEnroll: Logging In





Access the OnlinEnroll system via www.employeebenefits.ri.gov

➤ User Name: First initial of your first name, your full last name (no hyphens, apostrophes, spaces or titles), and last four digits of your SSN

(Example: if your name is John O'Brien-Johnson, Jr. and the last four digits of your SSN are 1234, your user name would be "jobrienjohnson1234")

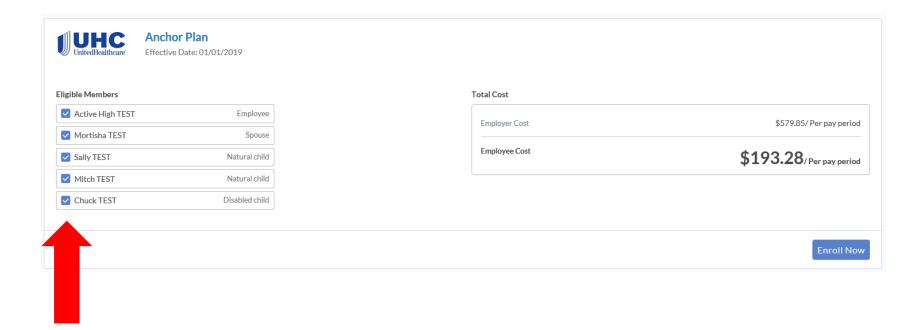
If you have any issues accessing OnlinEnroll, call OnlinEnroll at 888-327-2770 or call/email OEB at 574-8530 or DOA.enrollmenthelp@hr.ri.gov

- > Password: First five digits of your SSN (you will change this upon first login)
- **Company**: Rhode Island (not case sensitive; space between "Rhode" and "Island" is required)



- 1. You **MUST** check the box(es) next to any dependent(s) in order to enroll them.
 - All dependents currently enrolled in medical/dental/vision coverage will be loaded into OnlinEnroll.
 - If adding a new dependent, they will be pended until you receive OEB approval, at which time you will receive an email.
 - You can continue enrollment, but you will not be able to enroll new dependent in coverage until you receive approval email and return to OnlinEnroll to add them to desired coverage.

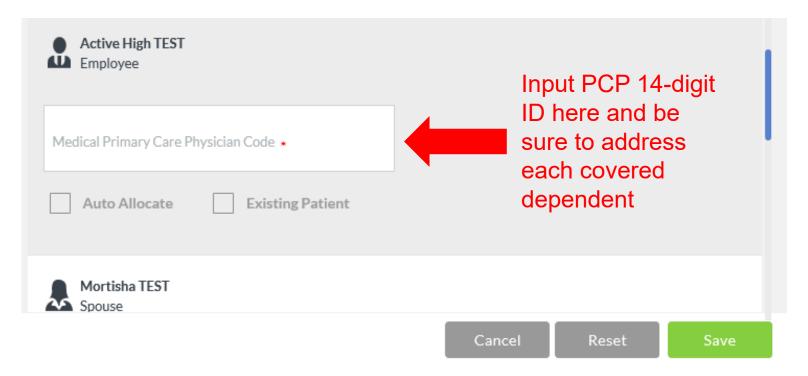




 Make sure you check the box next to the name of each dependent you want to enroll in the selected coverage.



2. PCP selection: Either select your preferred PCP by entering their 14-digit ID (be sure to check "Existing Patient" if you are an existing patient), or use the auto-allocate option to have UHC designate a PCP for you based on where you live.





- After completing all of your plan elections you will come to the Confirmation Statement. If you enrolled any dependent(s), be sure to check that their name(s) appear in the <u>Future</u> <u>Enrollment Summary</u> section.
 - If your dependent(s) do not appear in Future Enrollment Summary, that means they are **NOT** enrolled! You must return to the enrollment screen and check the box(es) next to their name(s).

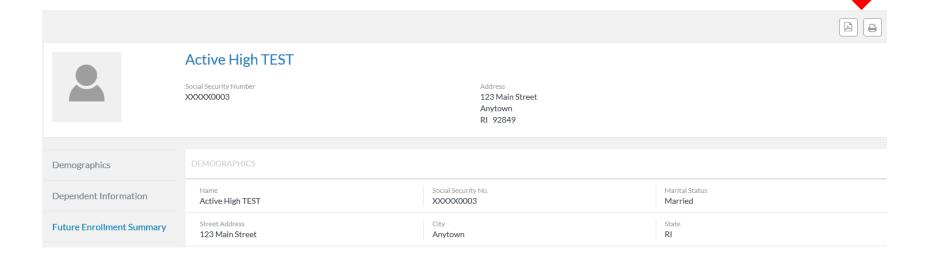


Review "Future Enrollment Summary" section of your Confirmation Statement to confirm your dependents are enrolled in desired coverage. Return to enrollment page to check boxes next to dependent names if necessary.

	_			
Demographics	FUTURE ENROLLMENT SUMMARY			
Dependent Information	PLAN NAME	COVERAGE	EMPLOYEE COST	EMPLOYER COST
	UHC	Active High TEST (Employee) Mortisha TEST (Spouse) Sally TEST (Natural child)	\$193.28	\$579.85
	Anchor Plan Pre-tax) ffective 01/01/2019	Mitch TEST (Natural child) Chuck TEST (Disabled child)		
<i>y</i>	Anchor Dental Pre-tax) (ffective 01/01/2019	Active High TEST (Employee) Mortisha TEST (Spouse) Sally TEST (Natural child) Mitch TEST (Natural child) Chuck TEST (Disabled child)	\$9.56	\$28.68
A	Anchor Vision	Active High TEST (Employee) Mortisha TEST (Spouse) Sally TEST (Natural child) Mitch TEST (Natural child) Chuck TEST (Disabled child)	\$1.52	\$4.55
(Anchor Vision Pre-tax) iffective 01/01/2019		Sally TEST (Natural child) Mitch TEST (Natural child)	Sally TEST (Natural child) Mitch TEST (Natural child)



4. After confirming all your enrollment selection on the Confirmation Statement, be sure to **keep a copy of the confirmation statement** for your records by clicking on the PDF button to download, save & print.





- 5. After you've saved/printed your Confirmation Statement, click "Finish" to finalize your enrollment process. Once you click "Finish," you will receive a confirmation email, but the email will not display your covered dependents so be sure to confirm their coverage in the "Future Enrollment Summary" of your Confirmation Statement.
 - If you do not click "Finish", reminder emails will be sent to you. If you receive a reminder email you must access OnlinEnroll to complete your enrollment and click "Finish."
 - You may return to OnlinEnroll and change your elections as many times as you like during Open Enrollment. Open Enrollment closes at 11:59 PM on November 30th.



Demographics	Effective 01/01/2019				
Dependent Information	vsp	Active High TEST (Employee) Mortisha TEST (Spouse) Sally TEST (Natural child)		\$1.52	\$4.55
Future Enrollment Summary	Anchor Vision (Pre-tax) Effective 01/01/2019	Mitch TEST (Natural child) Chuck TEST (Disabled child)			
Waived Benefits					
	Total Benefit Employee Cost	\$204.36	Total Employee Cost		\$204.36
			Total Employer Cost		\$613.08
	Out of Pocket Total Employee Per pay period Deduction				\$204.36
					Finish

Click "Finish" to complete your enrollment process.

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Important Reminders About Open Enrollment



- If you take no action during Open Enrollment, here's what will happen:
 - ➤ You (and any currently enrolled dependents) will be enrolled in the following plans for medical, dental and vision:



Important Reminders About Open Enrollment



- If you take no action during Open Enrollment, here's what will happen:
 - A PCP will be designated for you and each covered member of your family. You will receive your new ID card in late December showing the assigned PCP(s). If you prefer to designate a different PCP, you will have to contact UnitedHealthcare at the number on the back of your card. You can also designate PCPs through your account on www.myuhc.com.
 - ➤ Your **dependent children ages 19–26** that previously aged off dental and vision coverage will not be added to your 2019 plan, and you will have to wait until the next Open Enrollment Period to enroll them in coverage.
 - ➤ Unless you have \$500 or less rolling over into a **Health Care FSA** after April 1, 2019, you will not have a Flexible Spending Account in 2019. During Open Enrollment, FSA elections are made online at www.naviabenefits.com.

For More Information



- For questions regarding your medical plans, contact UnitedHealthcare customer service at 866-202-0434 (also found on the back of your UHC ID card)
- For general benefit questions, visit the Office of Employee Benefits website at <u>www.employeebenefits.ri.gov</u> or call 574-8530.
- ➤ If you are having technical difficulty using OnlinEnroll, contact their help desk at 888-327-2770. This number should only be used for technical issues and should not be used for benefits questions.
- Email <u>DOA.enrollmenthelp@hr.ri.gov</u> for any other Open Enrollment issues.